CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

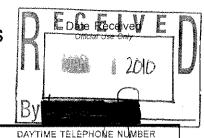
Candidate

Election Year: _

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE



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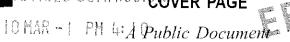
A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Bradford	Steven	С	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP C	CODE OPTIONAL: E-MAIL ADDRESS
(Dashless Address Acceptable)			
1. Office, Agency, or Cou	rt	4. Schedule Sun	nmary
Name of Office, Agency, or Court:		► Total number of pag	
California State Assembly		including this cove	r p age:
Division, Board, District, if applicab	le:		chedules or "No reportable
51st Assembly District		interests."	
Your Position:		I have disclosed inte attached schedules:	erests on one or more of the
Asemblymember		Sahadula A 1	es – schedule attached
► If filing for multiple positions, list position(s): (Attach a separate		Investments (Less than 16	
Agency:		Schedule A-2 Your Schedule A-2 You Investments (10% or Great	es — schedule attached aler Ownership)
Position:		Schedule B Yorker Yorke	es – schedule attached
2. Jurisdiction of Office (6	Check at least one box)		es – schedule attached ness Positions (Income Other than Gilts
⊠ State		Schedule D 7	es – schedule attached
County of		Income ~ Gifts	
City of			es – schedule attached
Multi-County		Income - Travel Payme	ints
Other			-or-
		No reportable inte	rests on any schedule
3. Type of Statement (Che	ck at least оле box)		TOSG OIT ATTY SCHEDULE
Assuming Office/Initial Da	te· / /	<u> </u>	
<u>-</u>		5. Verification	1
Annual: The period covered is through December 31, 2009.	Janu a ry 1, 2009,	I have used all reaso	enable diligence in preparing this
-or-		statement. I have review	ved this statement and to the best of
The period covered is December 31, 2009.	<u>11 / 09</u> , through	attached schedules is tr	mation contained herein and in any use and complete.
Leaving Office Date Left: (Check one)	<u></u>		of perjury under the laws of the State oregoing is true and conrect.
O The period covered is Januar date of leaving office.	ry 1, 2009, through the	Date Signed	tret 1,7000
-or-			
O The period covered is/_ the date of leaving office.	/, through	Signatu	

FPPC Form 700 Amendment (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

A STATEMENT OF ECONOMIC INTERESTS FAIR PULITICAL CTICES COMMISSICOVER PAGE



FEB 2 6 2010

Date Received Configuration of the Party of

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	TAY TIME TELEPHONE MUMBER
resear, (CAST)	(TIKST)	(34hDD (***)	Distributed to the state of the
Bradford	Steven	С	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CO	DE OPTIONAL: E-MAIL ADDRESS

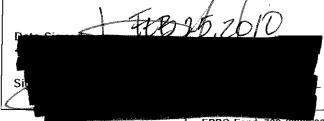
1. Office, Agency, or Court
Name of Office, Agency, or Court:
California State Assembly
Division, Board, District, if applicable:
51st Assembly District
Your Position:
Assemblymember
► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
Position:
2. Jurisdiction of Office (Check at least one box)
X State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/, through December 31, 2009.
Leaving Office Date Left:/(Check one)
O The period covered is January 1, 2009, through the date of leaving office. -or-
O The period covered is/, through the date of leaving office.
Candidate Election Year:

4. Schedule Summary		
➤ Total number of pages including this cover page:		
➤ Check applicable schedules or "No reportable interests." I have disclosed interests on one or more of the attached schedules:		
Schedule A-1 🔀 Yes – schedule attached Investments (Less tran 10% Ownership)		
Schedule A-2 Yes ~ schedule attached Investments (10% or Greater Ownership)		
Schedule B		
Schedule C		
Schedule D X Yes – schedule attached Income – Gifts		
Schedule E		
-or-		
No reportable interests on any schedule		

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



FPPC Form 700 (2009/2010) FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Steven C. Bradford

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
International Business Machines	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Investment, Data Technology	1
FAIR MARKET VALUE	FAIR MARKET VALUE
▼ \$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,967 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other (Describe)
(Vescribe) Partnership () Income of \$0 - \$500	(Lieschbe) Partnership O Income of \$0 - \$500
O Income Received of \$500 or Mare (Report on Schedule C)	I rangiership O income of \$500 or More (Report or Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	——————————————————————————————————————
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10.000
\$2,000 - \$10,000 \$10,000 \$10,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	NATURE OF INVESTMENT Stock Other (Describe)
Parmership O Incomo ef \$0 - \$500	Partnership (Incoine of \$0 - \$500
○ Income Received of \$500 or More (Report on Schedule C)	O Income Roceived of \$500 or Mere (Report in Scherbile CI
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
Vedoliven DISLOZEN	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
and the second residual second	SUBMERIOR BESONN FISH OF BUSINESS NOTWITT
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000	\$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Srock Other (Describe)	Stock Other (Describe)
☐ Partnership Q Income of \$6 - \$500 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership income of \$0 - \$500 Income Received of \$500 at More (Report on Schedule C)
·	
if APPLICABLE. UST DATE:	IF APPLICABLE, LIST DATE:
/ <u>/ 09</u> / <u>/ 09</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Comments:	

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

	ORNIA FORM 700 LITICAL PRACTICES COMMISSION
Name	
	Steven C. Bradford

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME.	NAME OF SOURCE OF INCOME
Souhern California Edison	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
505 S. Maple Avenue	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY. IF ANY, OF SOURCE
Utility Company	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Regional Manager	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000	\$500 - \$1,000 \$1,001 - \$10,000
▼ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Lozin repayment	Loan repayment
Sale of	Sale of
(Property, car, beat etc.)	(Property, car, boal, efc.)
Commission of Rental fricome. Ist each source of \$10,000 or more	Commission of Rental Income, for each source of \$10,000 or more
Other (Oescribe)	Other (Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	or
* You are not required to report loans from commercial	lending institutions, or any indebtedness created as part
of a retail installment or credit card transaction, made	in the lender's regular course of business on terms
available to members of the public without regard to y	our official status. Personal loans and loans received
not in a lender's regular course of business must be	dísclosed as follows:
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street artifices
\$500 · \$1,000	
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
[] OVER \$100,000	
	["7 o.,
	Other (Describe)
	Other (Describe)
Comments:	[] Other(De≘cribe

SCHEDULE D Income - Gifts



Name

Steven, C. Bradford

► NAME OF SOURCE	► NAME OF SOURCE
City of Los Angeles	BAPAC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street	711 East Walnut Street, Pasadena CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 1 / 09 s 150.00 Shuttle Services	9 , 30 , 09 s 100 Reception/Meal
► NAME OF SOURCE	► NAME OF SOURCE
Rainbow Coalition Push Awards	Whose Black in Los Angeles
ADDRESS (Brisiness Address Acceptable)	ADDRESS (Business Address Acceptable)
30 East 50th Street, Chicago IL 60615	1801 Watermark Drive, Columbus Ohio
BIJSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11, 13,09 s 300 Reception/Meal	11 , 17 , 09 s 75.00 Reception/Meal
	\$
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY. OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPT)ON OF GIFT(S)
	\$
	\$
	\$
Comments:	



SCHEDULE D Income – Gifts

CALIFORNIA FORM 70

FAIR POLITICAL PRACTICES COMMISSION

APR 8 2010 AMENDMENT

► NAME OF SOURCE	NAME OF SOURCE
Black American Political Association of California	City of Los Angeles
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable;
711 East Walnut Street, Pasadena CA 91101	1400 K Street, Sacramento CA
BUSINESS ACTIVITY, IF ANY OF SOURCE	BUSINESS ACTIVITY IF ANY, OF SOURCE
501(c)(3) Non-profit	Cities Governing Body
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(5)	DATE (mm/dd/yy) VALUE DESCRIPTION OF (SIFT(S)
40 0 40 400 Deception/Med	12 1 00 150 00 Chuttle Convices
10 2 10 _{\$} 100.00 Reception/Meal	12 , 1 , 09 _{\$} 150.00 Shuttle Services
7 7 6	1 / 0
	\$
► NAME OF SOURCE	► NAME OF SOURCE
Rainbow Push Coalition Awards	Whose Black in Los Angeles
ADDRESS (Business Addre≅s Acceptable)	ADDRESS (Business Address Acceptable)
30 East 50th Street, Chicago IL 60615	1801 Watermark Drive, Columbus Ohio 43215
BUSINESS ACTIVITY IF ANY OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Justice Organization	Publishing Company
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 13 09 ₈ 300.00 Reception/Meal	11 , 17 , 09 _{\$} 75.00 Reception/Meal
<u> </u>	\$
\$	/ / *
▶ NAME OF SOURCE	
NAME OF SOURCE	Verification
ADDRESS (Business Addr≙ss Acceptable)	Print Name Steven C. Bradford
Addition (becomes radion results)	Office, Agency or Court California State Assembly
BUSINESS ACTIVITY. IF ANY, OF SOURCE	
	Statement Type 2009/2010 Annual Assuming Leaving — Annual Candidate
DATE (mm dayy) VALUE DESCRIPTION OF GIFT(S)	
	I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information
\$	contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of
8	California that the foregoing is true and correct.
	Date Sig 4 8 7010
	Signa
Comments:	



CALIFORNIA FORM 70
FAIR POLITICAL PRACTICES COMMISSION

SCHEDULE D Income – Gifts

APR

8 2010 AMENDMENT

BY: Ulga

NAME OF SOURCE	► NAME OF SOURCE
Black American Political Association of California	City of Los Angeles
ADDRESS (Business Address Acceptable)	ADORESS (Business Address Acceptable)
711 East Walnut Street, Pasadena CA 91101	1400 K Street, Sacramento CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(3) Non-profit	Cities Governing Body
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(5)	OATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 2 10 s 100.00 Reception/Meal	12 / 1 / 09 s 150.00 Shuttle Services
\$\$	\$
	\$
NAME OF SOURCE	► NAME OF SOURCE
Rainbow Push Coalition Awards	Whose Black In Los Angeles
ADDRESS (Business Address Acceptable)	AODRESS (Business Address Acceptable)
30 East 50th Street, Chicago IL 60615	1801 Watermark Drive, Columbus Ohio 43215
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Justice Organization	Publishing Company
DATE (mm/dd/yy) VALUE OESCRIPTION OF GIFTIS)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
11 / 13 / 09 s 300.00 Reception/Meal	11,17,09 s 75.00 Reception/Meal
	\$
NAME OF SOURCE	Verification Stoven C. Readford
AODRESS (Business Address Acceptable)	Print Name Steven C. Bradford
	Office, Agency California State Assembly
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
/	Date Sign 48, 2010
	Signat
Comments:	